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Heart Failure and Cardiomyopathies

HEALTHCARE COSTS AND RESOURCE UTILIZATION IN HEART FAILURE: DIFFERENCES BASED ON HEART FAILURE HISTORY

Poster Contributions

Poster Hall B1

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Session Title: Moving Towards Better Management of Heart Failure

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Background: The cost burden of heart failure (HF) to society and the healthcare system is substantial, and understanding variability of this burden across certain subgroups can provide useful insights for their management. This study examined healthcare costs and healthcare resource utilization (HCRU) among patients with HF based on HF history.

Methods: A retrospective study of medical and pharmacy claims data from a large US health plan (commercial and Medicare Advantage enrollees) was conducted. Included individuals were ≥ 18 years with 2 medical or 1 inpatient claim(s) with ICD-9-CM diagnosis code for HF (402.x1, 404.x1, 404.x3, 428.xx). Date of earliest claim for HF during 01Jan2010-31Dec2011 was defined as the index date. Cohort assignment (2) was based on claims for HF during the 12 months prior to index date. Per-subject-per-month (PSPM) and yearly healthcare costs (all-cause) and HCRU (all-cause and HF-related) were calculated for up to 24 months following index date. Independent samples t-tests and Pearson's chi-square tests were used to examine differences in post-index healthcare costs and HCRU, respectively, by cohort.

Results: A total of 118,385 individuals with claims for HF (median age 74 years, 52% female, 75% Medicare Advantage) were identified; 67% with de novo HF (without prior claim for HF). Compared to those with prior claim for HF, subjects with de novo HF experienced higher overall all-cause costs (PSPM: \$6,802 vs \$4,305; year 1: \$44,916 vs \$33,535; $p < .001$; year 2 similar) and inpatient all-cause costs (PSPM: \$4,708 vs \$2,414; year 1: \$26,418 vs \$16,167; $p < .001$; year 2 similar). A larger percentage of subjects with de novo HF were hospitalized (all-cause: 77% vs 62%; HF-related: 68% vs 52%; $p < .001$) compared to those with prior claim for HF; nearly one-quarter (23%) of all patients with a HF-related hospitalization were readmitted within 30 days post-discharge.

Conclusion: Results from this healthcare database analysis provide evidence that healthcare costs and HCRU are high immediately following index HF-related encounters. These data suggest that aggressive management with de novo HF may be particularly important in controlling the cost burden of HF.